

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1
2		1					52	1
3		1					53	1
4		1					54	1
5		1					55	1
6		1					56	1
7		1					57	1
8		1					58	1
9		1					59	1
10		1					60	1
11		1					61	1
12		1					62	1
13	1						63	1
14		1					64	1
15		1					65	1
16		1					66	1
17		1					67	1
18		1					68	1
19		1					69	1
20		1					70	1
21		1					71	1
22		1					72	1
23		1					73	1
24		1					74	1
25		1					75	1
26		1					76	1
27	1						77	1
28	1						78	1
29	1						79	1
30	1						80	1
31	1						81	1
32		1					82	1
33		1					83	1
34		1					84	1
35	1						85	1
36	1						86	1
37		1					87	1
38		1					88	1
39		1					89	1
40	1						90	1
41	1						91	1
42		1					92	1
43		1					93	1
44		1					94	1
45		1					95	1
46		1					96	1
47		1					97	1
48		1					98	1
49		1					99	1
50		1					100	1
TOTAL IND.	11						TOTAL IND.	15
TOTAL DEP.	9						TOTAL DEP.	65
TOTAL CLAIMS							TOTAL CLAIMS	84